

**STATE OF CONNECTICUT  
OFFICE OF EDUCATION AND DATA MANAGEMENT**

**APPLICATION FOR  
TELECOMMUNICATOR INSTRUCTOR CERTIFICATION**

**INSTRUCTIONS**

Please check all that apply at this time:

- ☐ Current State of Connecticut employee      ☐ Retired State of Connecticut employee  
☐ Full-time or part-time CT Fire Academy instructor

***Please be advised, if you checked any of the above, you are not eligible to teach in a State sponsored Telecommunicator Training Program***

YES      NO  
☐      ☐      *I am interested in teaching in the State Telecommunicator Certification Program*

- 
1. Please type or print all information. If additional space is required, attach extra pages to this application. If you attach a resume, all information must also be completed on this form.
  2. Give complete and accurate information about your training and experience.
  3. Attach any copy of any teaching methods course to this application as evidence of instructor training
  4. When completed, mail this application to:

Department of Public Safety  
Office of Education and Data Management 3-C  
1111 Country Club Road  
Middletown, CT 06457-2389

|                              |
|------------------------------|
| <b>APPLICANT INFORMATION</b> |
|------------------------------|

**Please print clearly**

Section 1-217 of the Connecticut General Statutes exempts the residential addresses of a number of occupational categories from release to the public under the Freedom of Information Act. Such categories include, but are not limited to, police officers, firefighters and employees of the Department of Correction. If you believe that your residential address is exempt under this law, please make a check mark in the box: ☐

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

-----  
*I hereby certify that the statements made on this application are true to best of my knowledge and belief. I understand that any false statements can lead to the denial or revocation of certification. (CGS 53A-157)*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL EDUCATION**

Do you have a High School Diploma? ☐ Yes ☐ No (or) Do you have a G.E.D? ☐ Yes ☐ No

(General Equivalency Diploma)

School Name:

Year Received:

State:

City/State:

Year Graduated

**COLLEGE EDUCATION HISTORY**

| Name | Address | Major | Dates Attended | Hours Completed | Type of Degree/Certificate |
|------|---------|-------|----------------|-----------------|----------------------------|
|      |         |       |                |                 |                            |
|      |         |       |                |                 |                            |
|      |         |       |                |                 |                            |
|      |         |       |                |                 |                            |

**OTHER TRAINING** *(List instructor methods courses completed – required information)*

| Course Name | School | Location | Course Hours | Date of Completion |
|-------------|--------|----------|--------------|--------------------|
|             |        |          |              |                    |
|             |        |          |              |                    |
|             |        |          |              |                    |

**TRAINING / INSTRUCTIONAL EXPERIENCE** *(List courses you have taught)*

| Title | Audience Type | Date(s) | Hours | Sponsoring Agency |
|-------|---------------|---------|-------|-------------------|
|       |               |         |       |                   |
|       |               |         |       |                   |
|       |               |         |       |                   |

**APPLICANT TELECOMMUNICATION EMPLOYMENT HISTORY**

*List any professional experience you have/had in any phase of public/private safety emergency telecommunications, including law enforcement, fire fighting, and/or emergency medical services. Start with the most recent position and work back.*

| Official Job Title       | Name of Public/Private Safety Agency | Employment Dates | Supervisor |
|--------------------------|--------------------------------------|------------------|------------|
|                          |                                      |                  |            |
| Duties/Responsibilities: |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |

| Official Job Title       | Name of Public/Private Safety Agency | Employment Dates | Supervisor |
|--------------------------|--------------------------------------|------------------|------------|
|                          |                                      |                  |            |
| Duties/Responsibilities: |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |

| Official Job Title       | Name of Public/Private Safety Agency | Employment Dates | Supervisor |
|--------------------------|--------------------------------------|------------------|------------|
|                          |                                      |                  |            |
| Duties/Responsibilities: |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |
|                          |                                      |                  |            |

## FUNCTIONAL AREAS

CHECK ALL THAT APPLY IN WHICH YOU ARE QUALIFIED TO TEACH

- ☐ Unit 1 - Introduction to the Career of public Safety Telecommunication
- ☐ Unit 2 - Interpersonal Communications and Stress in the Workplace
- ☐ Unit 3 - Telephone Techniques and Telecommunications for the Deaf (TDD)
- ☐ Unit 4 - Modern Communication Systems
- ☐ Unit 5 - Broadcast Guidelines
- ☐ Unit 6 - Enhanced 911
- ☐ Unit 7 - Liability Issues for the Telecommunicator
- ☐ Unit 8 - Law Enforcement Operations
- ☐ Unit 9 - Fire and Emergency Medical Services Operations
- ☐ Unit 10 - NIMS IS-700
- ☐ Unit 10 - Hazardous Materials, WMD and Terrorism Awareness for the Telecommunicator
  
- ☐ *Check here if you wish to be considered as a course coordinator.*